

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000116180

**Entity Name:** JACKSONVILLE PAIN CENTER, PA

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9421 WAYPOINT PL.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

9421 WAYPOINT PLACE  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

P.O. BOX 600290  
JACKSONVILLE, FL 32260

**New Mailing Address:**

**FEI Number:** 26-1104719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE FARAH LAW FIRM, P.A.  
1506 PRUDENTIAL DRIVE  
2ND FLOOR  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SHAH, HEMANT MD  
Address: 9421 WAYPOINT PLACE  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEMANT SHAH /JEF

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date